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# Internal external locus of control and the choice of therapy

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AN ABSTRACT OF THE THESIS OF Marlene Eid for the Master of Science in Psychology presented May 19, 1986.

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APPROVED BY MEMBERS OF THE THESIS COMMITTEE:

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The purpose of this study was to determine whether a relationship exists between the scores subjects obtain on Rotter's Internal-External Locus of Control Scale and the type of therapy they prefer. Two hundred and fifty-four students in general psychology classes were given Rotter's Scale. Considering their upper- and lower-third scores, 54 were classified as "Internals," 53 as "Externals." Subjects also were given written descriptions of both

psychoanalytic and behavioristic therapies. Each of these descriptions dealt with the goal and the specific therapeutic procedure of the respective therapies. Subjects were asked to identify which therapy they preferred and to provide a rationale for their choice.

A Chi-square analysis showed no significant differences between "Internals" and "Externals" in their choice for therapy. An anecdotal content analysis examining the rationale of the therapy choice was undertaken for the following four groups: Internals and Externals who chose psychoanalysis and for Internals and Externals who chose behavior therapy. An interobserver reliability test on the Content Analysis resulted in an  $r = .55$ , indicating the absence of a predominant theme within each group. The major factor in the preference for a therapy appeared to be one of time--whether or not the approach considered the problem as stemming from a distant or more recent past.

INTERNAL EXTERNAL LOCUS OF CONTROL  
AND THE CHOICE OF THERAPY

by

MARLENE EID

A thesis submitted in partial fulfillment of the  
requirements for the degree of

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## I. LOCUS OF CONTROL AND THE CHOICE OF THERAPY

### Introduction

There have been many efforts to isolate various factors related to successful counseling outcomes, but clients' preferences for different theoretical approaches to counseling have been given little consideration. This study is an attempt to investigate one factor which possibly could be related to counseling approach preference - Locus of Control as hypothesized by Rotter (1966). He maintains that "Internals" believe that the rewards of life are dependent upon their own behavior, or their relatively permanent characteristics, while "Externals" believe that the regulation of rewards and punishments are due to chance, luck, fate or the control of (powerful others), and therefore to something outside their control.

In Behavioral Therapy, the counselor attempts to determine under what circumstances maladaptive responses occur, before reconditioning or relearning takes place. In this type of therapy, the environment plays an important role in determining the behavior and/or personality of the individual.

In Psychoanalytic Therapy, the counselor attempts to know "why" maladaptive behavior is occurring by probing the client's past, and by letting them discover the sources of

their difficulty, intellectually as well as experientially by reliving them. In Psychoanalysis, it is assumed that the client's self-perception of his/her difficulties (and not the environment) is essential to effect change.

This study shall test the following hypothesis: Individuals with an internal orientation or expectancy would favor Psychoanalysis, and those with an external orientation or expectancy would favor Behavioral Therapy.

## II. BRIEF OVERVIEW OF THE DIFFERENT CONCEPTS

### 1. L.O.C. (Locus of Control)

The concept of Internal-External Locus of Control is defined as: the degree to which the individual perceives that the reward follows from, or is contingent upon, his/her own behavior or attributes versus the degree to which he feels the reward is controlled by forces outside of him/herself and may occur independently of his own actions (Rotter, 1966).

(Rotter (1954) describes the Social Learning Theory as providing the general theoretical background for this conception of the nature and effects of reinforcement. A reinforcement acts to strengthen an expectancy that a particular behavior or event will be followed by that reinforcement in the future. Expectancies generalize from a specific situation to a series of situations which are perceived as related or similar. Consequently, a generalized expectancy for a class of related events has functional properties and makes up one of the important classes of variables in personality description. Those persons who believe that the rewards of life are dependent upon their own behavior, or their own relatively permanent characteristics are said to have an "Internal" expectancy while those who believe that the regulation of rewards and punishment is due to

chance, luck, fate or the control of (powerful others), and therefore outside their control are termed "External" (Rotter, 1966). These generalized expectancies will result in characteristic differences in behavior in a situation culturally categorized as chance determined versus skill determined and they may act to produce individual differences within a specific condition (Harlow, 1949).

In Learning Theory it has been recognized that differences in subjects' behavior are related to task differences along a dimension of skill and chance. The individual is selective in what aspects of his behavior are repeated or strengthened and what aspects are not, depending upon his own perception of the nature of causality of the relationship between reinforcement and the preceding behavior (Rotter, 1966). Phares (1957) found that the increments and decrements following success and failure, respectively, were significantly greater under skill instructions than under chance instructions. The first attempt to measure individual differences in a generalized expectancy or belief in external control as a psychological variable was begun by Phares (1957) in his study of chance and skill effects on expectancies for reinforcement. The scale was developed on a priori grounds, and he found some suggestive evidence with his first crude attempt at measuring individual differences that prediction of behavior within a task situation was possible. The test was modified several

times by Rotter and others, while its final version, the I-E Scale (Internal-External Locus of Control Scale) was published in the Psychological Monographs (Rotter 1966).

The test is valid, but its reliability is somewhat limited since this is a forced choice scale in which an attempt is made to balance alternatives (Rotter, 1966). In 1967, (Hersch & Scheibe), reported that I-E control relates consistently to a variety of personality scales, with Internal scorers describing themselves as more active, striving, achieving, powerful, independent, and effective. The test-retest reliability of the 29-item scale of I-E developed by Rotter is consistent and acceptable, varying between .49 and .83 for varying samples and intervening time periods. In studies of test-retest reliability, means for the second administration typically dropped slightly in the direction of less externality.

## 2. Psychoanalysis

Psychoanalysis is a system of psychology derived from the discoveries of Sigmund Freud. Originating as a method for treating certain psychoneurotic disorders, psychoanalysis has come to serve as the foundation for a general theory of psychology. Knowledge derived from the treatment of individual patients has led to insights into art, religion, social organization, child development, and

education. Psychoanalysis has made possible the understanding and treatment of psychosomatic illnesses.

The principles and techniques of psychoanalysis as therapy are based upon the psychoanalytic theory of neurosis. Originally, Freud felt that neurotic symptoms were the result of pent-up, undischarged emotional tension connected with the repressed memory of a traumatic childhood sexual trauma. At first, he used hypnosis to bring about emotional catharsis and alteration of the trauma, then discontinued hypnosis in favor of forced suggestion. Later on, the technique of free association evolved.

The principal technical goal was to make the contents of the unconscious conscious. The transference and counter-transference are very important to analyze in therapy. The analyzing of the defense mechanisms and the self-punitive trends are also of major focus of treatment (Corsini, 1979).

### 3. Behavioral Therapy

Essentially, behavioral psychotherapy consists of two related systems of treatment: behavior therapy based on the work of Joseph Wolpe; and, behavior modification based on the work of B. F. Skinner. Wolpe's system follows a classical conditioning model while Skinner's system is derived from operant conditioning.

In both systems, problematical behaviors (affective, cognitive, or neurotic) are seen as responses to stimuli, internal and/or external. Psychological distress is viewed as the result of ineffective or maladaptive learning. Behavioral treatment is based on implementing experimentally derived laws of learning so desirable behaviors replace less functional ones.

In behavior therapy, originated largely by Wolpe (1958), the emphasis is on reducing anxiety that is presumed to underlie most "neurotic" behavior. Behavior modification as we said, evolved from Skinner's work on operant conditioning (1938), which emphasized changing the frequency of overt behaviors. Much of the work in behavior modification has been in adding controls and teaching new presumably desirable behaviors that have not been already learned (Corsini, 1979).

### III. RATIONALE

Several studies suggest that Internal individuals seem to prefer activities in which skill is predominant while External individuals prefer situations in which chance or luck determines the outcome. Rotter & Murly (1965) hypothesized that Internal scorers choose to participate in activities in which they can demonstrate skill, while External scorers choose activities in which outcomes are contingent upon luck. According to Rotter (1966), Externals are also more conforming under conditions of overt influence but those with an Internal Locus of Control tend to oppose such influence actively.

Lefcourt (1966) concluded, after reviewing several studies that locus of control is a stable attribute of the personality and that Internal persons are more inquisitive and more likely to be processors of information than are persons with an External orientation. Furthermore, he reported that persons with an External orientation are less likely to persist at a task since they do not feel their exertion is likely to affect results. They believe that outside determiners are at work. Internality tends to provide a more effective and appropriate approach to dealing with various life situations.



Schneider (1968) demonstrated that male college students' internal-external scores were significantly correlated with their scores on a forced-choice questionnaire which required them to indicate their preference for skill versus chance activities. Phares (1957) claimed that Internals try harder than Externals when they feel that they are responsible for their performance in a skill-oriented task. Shavit and Rabinowitz (1978) found that those with an internal orientation were able to cope with failure better than those with an external orientation. Kahle (1980) found that "internal" male college students selected a task which they were told was skill-related while "external" scorers and those scoring in the middle range on Rotter's I-E scale selected a task which they were told was chance-related. Likewise, Lyman (1983), found that there was a significant correlation between I-E score and number of choices of skilled task.

Since improvements in psychoanalysis are commonly attributed to insight (a skill that can be developed) and working through deep modification of the personality (requiring persistency), the client tries hard to re-experience past conflicts and to bring them to a more satisfactory resolution (they feel responsible for their problems). The therapist is somewhat more neutral, trying to understand what the client is re-experiencing and to provide an explanation for it, rather than judging or telling the

client what to do. The client determines what is discussed and the therapist does the interpretation.

Counseling approaches which are more "client-centered" should be preferred by those who are internally oriented, since they indicate preference for skill activities, try harder when they feel that they are responsible for their performance, and are more likely to persist at a task since they feel that their exertion is likely to affect results. They are also less conforming under conditions of overt influence and oppose such influence actively.

Since improvements in behavioral therapy are based upon knowing what stimuli elicit the disordered response and the environmental conditions that reinforced or maintained the behavior, the therapist is active making a plan to solve the problem. The client follows the instructions, by keeping a record of the behavior in question, and gathers information about the situation when it occurs.

Counseling approaches which are more directive should be preferred by those who are externally oriented, since they are more conforming under conditions of overt influence and less likely to persist at a task since they do not feel their exertion is likely to affect the results.

This study shall test the following hypothesis: Individuals with an Internal orientation or expectancy would favor Psychoanalysis, and those with an External orientation or expectancy would favor Behavioral Therapy.

#### IV. INTRODUCTION TO THE STUDY

There have been many efforts to isolate various factors related to successful counseling outcomes. Most investigations have focused on client-counselor interaction (Rogers, 1957; Truax, 1963). Others have focused on the client's characteristics (Rosenberg, 1954; Kirtner & Cartwright, 1958) and the counselor's attributes (Carkhuff & Pierce, 1967; Boulware & Holmes, 1970; Stillman & Resnick, 1972; Cimboric, 1972). Still others contrasted different counseling approaches (Harris, 1954; Shlien, 1964).

The impact on outcomes of counselor congruence and empathic understanding (Loor, 1965; Truax, 1966) imply that a client is unlikely to benefit from a therapeutic setting he/she finds unacceptable or believes to be ineffective.

Clients' preferences for different theoretical approaches to counseling have been given little consideration. However, this issue was examined by Fancher & Gutkin in (1971). They found that college students, after reading a description of two behavioral theories and two insightful theories, preferred the insightful approach, even though the behavior therapies were viewed as being more scientific. However, preference for a description of an approach,

may be only tenuously related to preference for the approach itself.

Contradictory results were obtained by Holen & Kinsey (1975) who had college students listen to audio-taped examples of client-centered, psychoanalytic, and behavioral counseling involving the same client and problem, but different counselors. Students preferred the behavioral approach over both client-centered and psychoanalytic. Subjects do in fact feel differently about behaviors integral to particular counseling approaches.

However the above studies were not directed towards isolating factor(s) that might contribute to this preference. A study by Michael H. Stuehm in (1977) was undertaken to investigate one factor which possibly could be related to counseling approach preference - Locus of Control as hypothesized by Rotter (1966). According to this theory, those with an external Locus of Control tend to be more conforming under conditions of overt influence and those with an internal Locus of Control tend to oppose such influence actively. It appears reasonable to assume that these differences could influence the preferences for a particular approach to counseling. Stuehm had college students viewing audio-visual examples of simulated first counseling sessions. The same client, counselor, and presenting complaint were portrayed as representative of a humanistic, psychoanalytic and behavioral approach to

counseling. The results showed that there was a statistically significant preference for the behavioral approach by both Internals and Externals.

In his study, Stuehm was aware of the influence of different counselor's personalities on the choice of therapy. But even one counselor representing the different kinds of therapy will always be biased and would be more comfortable with at least one of the therapies. This bias could be sensed by the observers and might influence their choice or preference of that particular approach. Visual presentation of therapies can influence one's preference in terms of what one sees and not really in terms of what one would be more comfortable with if in an actual therapy session.

For this reason, this study uses written descriptions of the two kinds of therapy (Psychoanalytic and Behavioral), leaving the choice to the subjects in terms of what would be more preferable or comfortable to them if they were to undergo therapy. The descriptions will in no instance use psychological jargon. They will be explained in simple words. Since individual differences exist, it may be advantageous to offer people a kind of therapy that will fit one of their personality characteristics, or put them in a situation where they will feel comfortable.

If the results of the study confirm the hypothesis, the I-E scale could be used by therapists as a tool to

enable them to know which of two therapy orientations would be more suitable for the clients.

Individuals with an Internal orientation or expectancy would favor Psychoanalysis, and those with an External orientation or expectancy would favor Behavioral Therapy.

## V. METHOD

### Subjects

The subjects were 107 students from introductory courses in Psychology at Portland State University. Two groups of 54 Internals, and 53 Externals were formed respectively, by selecting those scoring in the lower and upper thirds of the distribution of scores obtained ( $n = 254$ ) on the Internal-External Locus of Control Scale (I-E Scale). There were 52 males and 55 females, with the average age of 25. The characteristics of the groups on sex and age are shown in Table 1 (see below). The subjects were given extra credit for their participation and were treated in accordance with the "Ethical Principles of Psychologists" (American Psychological Association, 1981) and they were given 'Consent Forms'.

TABLE I  
GROUP CHARACTERISTICS

	<u>Internals</u>	<u>Externals</u>
Number of Subjects	54	53
Sex N		
Men	31	21
Women	23	32
Average Age		
Men	25.09	25.81
Women	26.30	25.31
Age Range		
Men	18 --> 45	19 --> 46
Women	18 --> 37	18 --> 42

## Materials

A booklet containing:

- A Consent Form (Appendix I)
- The I-E Scale (Appendix II)
- Two descriptions of the two therapies (Appendix III)
- A page with two questions (Appendix IV)
  - 1) Which therapy did you prefer?
  - 2) Give your reasoning or explanation for this choice.

## Description of the Two Therapies

Information about the two therapies was presented to the subjects in written statements of approximately 500 words each describing psychoanalytic and behavioral therapy. Each description consisted of two sections, dealing with the goals of the therapies and specific therapeutic procedures respectively. Each description was read and approved beforehand by at least one practicing clinician who made use of, and was favorably disposed toward, the therapy it described. The two therapies were not identified by name. They were entitled as therapy no. 1, and therapy no. 2. The presentation order in the booklets was altered to counterbalance possible order effects. The basic sources consulted in constructing the descriptions are: Current



Psychotherapies (Corsini, 1979), and Three Psychologies (Nye, 1975).

### Procedure

The study was conducted at a point in the term prior to any course/work on psychotherapy or psychopathology. All testing occurred during a single class session. The subjects were given the booklets, asked to read all parts carefully and to follow the instructions, as they will be asked to give some opinions about it. In no instance were the therapies discussed with the subjects prior to their presentation.

## VI. RESULTS

The general preferences of the subjects for the two kinds of therapy, are shown in Table II).

TABLE II

LOCUS OF CONTROL AND PREFERENCE FOR A  
THERAPEUTIC APPROACH

<u>Subjects</u>	<u>Psychoanalysis</u>	<u>Behavioral</u>	<u>Total</u>
Internals	36	18	54
Externals	29	24	53
<u>Total</u>	<u>65</u>	<u>42</u>	<u>107</u>

Using the chi-square test of independence for frequencies, the major hypothesis was tested. The result ( $\chi^2 = 1.60$ ,  $df = 1$ ,  $p > .05$ ) indicated that there were no significant differences between Internals and Externals in their preference for the counseling approaches.

An item analysis was applied to the scores obtained in the Rotter Scale for the two groups, those who chose psychoanalysis, and those who chose behavioral therapy. Only the general responses of the subjects to item no. 23 showed significance (see Table III).

TABLE III

## ITEM ANALYSIS OF ITEM NO. 23

<u>Subjects</u>	<u>Psychoanalysis</u>	<u>Behavioral</u>	<u>Total</u>
Answers toward			
Internality	58	29	87
Answers Toward			
Externality	7	13	20
<u>Total</u>	<u>65</u>	<u>42</u>	<u>107</u>

Using the chi-square of independence the result ( $\chi^2 = 6.84$ ,  $df = 1$ ,  $p < .01$ ), indicate a significant difference in the externals' response to that particular item (and to their choice of psychoanalysis).

Item No. 23

- a) Sometimes I can't understand how teachers arrive at the grades they give (Externality).
- b) There is a direct connection between how hard I study and the grades I get (Internality).

Since the subjects were college students, their answers to this particular item were not surprising, though one significant item does not allow us to make further speculations.

Responses to the question of why they preferred the chosen approach, were analyzed by applying an anecdotal content analysis which is the objective tabulation of the frequency with which certain elements occur in a certain

communication. The elements may be certain syntactical forms, certain meanings or certain levels of complexity (English & English, 1958). Four themes were formulated for each of the four groups: internals who chose psychoanalysis (IP), internals who chose behavioral therapy (IB), externals who chose psychoanalysis (EP), and externals who chose behavioral therapy (EB) (see Appendix V).

The themes were about the approach, the role of the therapist, the role of the client, and the presenting complaint or the problem. As shown in Table IV, using Cohen's Kappa for interobserver reliability, the results show

TABLE IV

## INTEROBSERVER RELIABILITY

Subjects		Observer #2					Total
		IP	EP	IB	EB	Could Not Place	
O b s e r v e r	IP	16	3	1		2	22
	EP	11	11		2		24
	IB	1	1	10	4	2	18
	EB		1	7	14		22
#1	Could Not Place	3				18	21
	<u>Total</u>	<u>31</u>	<u>16</u>	<u>18</u>	<u>20</u>	<u>22</u>	<u>107</u>

( $r = .55$ ) which indicates no significant differences between the themes of the four groups. Although a clear

differentiation between those who chose psychoanalysis, and those who chose behavioral therapy was detectable through the theme of "problems". Internals and Externals who chose psychoanalysis saw the problems as stemming from the past, whereas Internals, and Externals who chose behavioral therapy saw the problems as not stemming from the past.

TABLE V

## INTEROBSERVER RELIABILITY (CONDENSED)

	P	Indeterminate	B	
I	16	2	10	28
Indeterminate	14	26	11	51
E	11	3	14	28
	41	31	35	107

## VII. DISCUSSION

This study was an attempt to examine the relationship between Internals and Externals (as measured by Rotter's Locus of Control Scale), and therapy preference. The purpose of the experiment was to find which one of the two major therapy orientation (psychoanalytic and behavioristic) would be more preferred for individual clients.

From Rotter's theorizing, and subsequent studies on the Locus of Control it could be deduced that: If subjects are given a choice between the two types of therapy, Internals would choose Psychoanalysis, and Externals would choose Behavioral therapy.

While the main hypothesis was not supported, a within-Internal comparison showed a ratio of 2:1 in favor of Psychoanalysis. A within-External comparison showed a non-significant ratio of 1:1 between the two therapies. The preference for a psychoanalytic approach by Internals was theoretically explained, and it is possible that Externals may perceive this approach as equally appealing as the behavioristic one, seeing "the problem stemming from the past" as synonymous with control from the past over the present. It could also be possible that Externals saw both therapies as an outside intervention, and therefore other factors mediated the choice. Another factor which may have

influenced some Externals in their choice of Psychoanalysis was the more technical nature of the Behavioral description, e.g., using terms such as extinction, maladaptive behavior and relearning. It could be that the use of more simple language in the psychoanalytic description attracted some subjects, and that the more "scientific" description of Behavioral therapy intimidated others. However, this association of behaviorism with scientific concepts may have given Behavioral therapy, for some subjects, a greater legitimacy.

Considering the work in the area of Locus of Control it becomes apparent that the concept has been biased by the assumption, explicit or implicit, that internality is more desirable than Externality (Furby 1975). This assumption has led to the discovery of certain "facts" about Locus of Control. External control is not only a matter of "luck", or "fate", but also "powerful others" that could be playing a major role in our lives. According to (Furby 1975), psychologists studying the Locus of Control have overlooked the importance of the distinction between control ideology--those aspects of beliefs about locus of control that pass for knowledge in our society - and sense of Personal Control--those aspects that constitute my "personal knowledge" about Locus of Control. Gurin and coworkers (1969) reported that whereas black subjects were more External than whites on a measure of sense of Personal Control, the two

groups did not differ in Control ideology. Indeed most blacks endorsed an Internal-Control Ideology. Internal Ideology consists essentially of the Protestant Ethic: the belief that "hard work, effort, skill, and ability are the important determinants of success in life". Gurin et al. (1969). Weber (1930) saw the ideology of the Protestant Ethic as integral to the capitalist spirit. The American society emphasizes the uniqueness, independence, and self-reliance of each individual, and places a high value on individualism. This is more likely to foster an internal control ideology.

From the above discussion, we might explain why as many Externals chose Psychoanalysis as Behavioral therapy. They might have been External in the sense of Personal Control but still adhere to an Internal Control Ideology. Another factor which may account for the insignificant results is the recent Cognitive influence on Behaviorism - a trend which increasingly reduces the distinctions between Psychoanalysis and Behaviorism. In contrast to traditional Operant Behaviorism where external contingencies are emphasized, Cognitive Behaviorists often subscribe to the idea that individuals generate and establish internal stimuli which control behavior. This cognitive orientation was evident in the Behavioral description in this study in the use of terms such as self-blame, self-acceptance,



self-awareness, and self-knowledge. These terms may have made Behavioral therapy more acceptable to some Internals.

One can also argue that psychoanalysis emphasizes the internal origins of behavior but separates this from the problem of control. The position here is that people often do not have conscious control over their behavior but are responding to unconscious motivations. This explanation is more compatible with the external aspects of the Locus of Control assumptions, and therefore making Psychoanalysis more acceptable, perhaps to some Externals.

An item analysis was applied to the the two groups (those who chose Psychoanalysis, and those who chose Behavioral therapy) for the purpose of examining whether or not some items on the Rotter Scale were answered in the same direction by both Internals and Externals which might have influenced their therapy preference. The findings show that only item No. 23 showed a significance. Around 80% of the subjects answered towards Internality and two-thirds of those 80% chose Psychoanalysis as opposed to Behavioral therapy.

An anecdotal content analysis of the themes was undertaken to explore the difference in the reasoning of the four groups: Internals who chose Psychoanalysis and Behavioral therapy, and Externals who chose Psychoanalysis and Behavioral therapy. Their rationale could reveal why the quantitative results were insignificant. The analysis

revealed that the difference between those who chose Psychoanalysis and those who chose Behavior therapy lies in the theme of the "problem stemming from the past" and "not stemming from the past" respectively. This finding could explain in part why the main hypothesis was not confirmed. A combination of factors could contribute to the choice of reference and that one factor (internality-externality) could not be the only or main determinant of the choice of preference.

It is also interesting to note that the majority of the subjects saw a qualitative distinction between past and present (psychoanalysis and behavioristic), while a recent position article (Faulconer & Williams, 1985) criticized both psychoanalysis and behavioral therapies as temporal approaches. Subjects do in fact feel differently about the behaviors integral to varying counseling approaches.

A more recent article Stiles et al. (1986) discusses the paradox of no differential effectiveness despite obvious technical diversity in therapy. They suggest that there is hope in finding a "common core" in the client's attitude and the therapeutic interaction. However, any "common core" solution runs the risk of receding into unmeasurable abstraction. Hence, future work is needed for more detailed and reliable measurement. The suggestions of Stiles' et al. (1986) support the findings of the present experiment. The choice of therapy might be due to

something different than it appears to the restricted view of researchers and therapists, since it may be due to a complex chain of factors.

## REFERENCES

- Boulware, D. W., and Holmes, D. C. Preferences for therapists and related expectancies. Journal of Consulting and Clinical Psychology, 1970, 35, 269-277.
- Carkhuff, R., and Pierce, R. Differential effects of therapist race and social class upon patient depth of self-exploration in the initial clinical interview. Journal of Consulting Psychology, 1967, 31, 632-634.
- Cimboric, P. Counselor race and experience effects on Black clients. Journal of Consulting and Clinical Psychology, 1972, 39, 328-332.
- Corsini, Raymond J. Current Psychotherapies. 1979, 1981, F. E. Peacock Publishers, Inc. Second Edition.
- English, H. B. and English, A. C. (1958). A comprehensive dictionary of psychological and psychoanalytical terms. New York: Longman's Green and Co.
- Faucher, R. E. and Gutkin, D. Attitudes toward science, insight therapy, and behavioral therapy. Journal of Clinical Psychology, 1971, 27, 1953-1955.
- Faulconer, James E. and Richard N. Williams. Temporality in human action. American Psychologist, 1985 (Nov.), Vol. 40, No. 11, 1179-1188.
- Furby, Lita. Individualistic bias in studies of Locus of Control. Psychology in Social Context, 1975, Buss Allen (Ed.), 169-190.
- Gurin, P., Gurin, G., Lao, R. C., & Beattie, M. Internal-external control in the motivational dynamics of Negro youth. Journal of Social Issues, 1969, 25, 29-53.
- \_\_\_\_\_. "Ethical Principles of Psychologists." American Psychological Association, 1981.
- Harlow, H. F. The formation of learning sets. Psychological Review, 1949, 56, 51-65.
- Harris, A. A comparative study of results in neurotic patients treated with two different methods. Journal of Mental Science, 1954, 100, 718-720.

- Hersch, P. D. & Scheibe, K. E. Reliability and validity of internal-external control as a personality dimension. Journal of Consulting Psychology, 1967, Vol. 31, No. 6, 609-613.
- Holen, M. and Kinsey, W. Preferences for three theoretically derived counseling approaches. Journal of Counseling Psychology, 1975, 22, 21-23.
- Kahle, L. R. Stimulus condition self-selection by males in the interaction of Locus of Control and skill-chance conditions. Journal of Personality and social Psychology, 1980, 38, 50-56.
- Kirtner, W. & Cartwright, D. Success and failure in client-centered therapy as a function of client personality variables. Journal of Consulting Psychology, 1958, 22, 259-264.
- Lefcourt, H. M. Internal versus external control of reinforcement: A review. Psychological Bulletin, 1966, 65, 206-220.
- Loor, M. Client perceptions of therapists: A study of the therapeutic relation. Journal of Consulting Psychology, 1965, 29, 146-149.
- Lyman, Robert D. Selection of skill or chance determined reinforcement as a function of Locus of Control. Psychological Reports, 1983, 52, 43-46.
- Nye, Robert D. Perspectives from Freud, Skinner, and Rogers. Three Psychologies. 1975, 1981 by Wadsworth, Inc., Belmont, California 94002. Brooks/Cole Publishing Company. Second Edition.
- Phares, E. J. Expectancy changes in skill and chance situations. Journal of Abnormal and Social Psychology, 1957, 54, 339-342.
- Rogers, C. R. The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology, 1957, 21, 95-103.
- Rosenberg, S. The relationship of certain personality factors to prognosis in psychotherapy. Journal of Clinical Psychology, 1954, 10, 341-345.
- Rotter, J. B. Social Learning and Clinical Psychology. Englewood Cliffs: Prentice-Hall, 1954.

- Rotter, J. B. and Murly, R. C. Internal versus External control of reinforcement and decision time. Journal of Personality and Social Psychology, 1965, 2, 598-604.
- Rotter, J. B. Generalized expectancies for internal versus external control of reinforcement. Psychological Monographs, 1966, 80 (1, Whole No. 609).
- Schneider, J. M. Skill versus Chance Activity Preferences and Locus of Control. Journal of Consulting and Clinical Psychology, 1968, 32, 333-337.
- Shavit, H. and Rabinowitz, A. Locus of control and effects of failure on performance and perceived competence. Journal of Personality Assessment, 1978, 42(3), 265-271.
- Shlien, J. Comparison of results with different forms of psychotherapy. American Journal of Psychotherapy, 1964, 18, 15-22.
- Stiles, William B., David A. Shapiro and Robert Elliott. Are all Psychotherapies Equivalent? American Psychologist, 1986 (Feb.), Vol. 41, No. 2, 165-180.
- Stillman, S., and Resnick, H. Does counselor attire matter? Journal of Counseling Psychology, 1972, 19, 347-348.
- Stuehm, Michael H. Preference for an approach to counseling. Psychological Reports, 1977, 412, 124-126.
- Truax, C. B. Effective ingredients in Psychotherapy: An approach to unraveling the patient-therapist relationship. Journal of Counseling Psychology, 1963, 10(3), 256-263.
- Truax, C. B. Reinforcement and nonreinforcement in Rogerian psychotherapy. Journal of Abnormal Psychology, 1966, 71, 1-9.
- Weber, M. The Protestant ethic and the spirit of capitalism. London: Unwin University Books, 1930.

## APPENDIX I

### Consent Form

This is a study of the relationship between certain aspects of my personality and my choice of therapies. The findings should increase the existing knowledge about the correct choice of therapy for individual clients.

My participation in this study requires taking the 29-item Locus of Control Questionnaire which has been constructed by Rotter (1966) as an instrument to measure my personality. I will also have to read two different approaches to therapy and indicate my preferred approach. The total task will require approximately 50 minutes.

I understand that I participate in the study out of free will, and will receive extra credit for it. My participation is anonymous and any personal information about me will be kept in strict confidentiality. I understand that I am free to withdraw from participation in this study at any time without jeopardizing my relationship with Portland State University, or my grade in any class.

I have read and understand the foregoing information.

Date\_\_\_\_\_ Signature of the Subject\_\_\_\_\_

If you experience any problems that are a result of your participation in this study, please contact Victor C. Dahl, Office of Graduate Studies and Research, 105 Neuberger Hall, Portland State University.



## APPENDIX II

### INSTRUCTIONS FOR PART I

This is a questionnaire to find out the way in which certain important events in our society affect different people. Each item consists of a pair of alternatives lettered a or b. Please select the one statement of each pair (and only one) which you more strongly believe to be the case as far as you are concerned. This is a measure of personal belief, obviously there are no right or wrong answers.

Please answer these items carefully but do not spend too much time on any one item. Be sure to find an answer for every choice. In some instances you may discover that you believe both statements or neither one. In such cases, be sure to select the one you more strongly believe to be the case as far as you are concerned. Also try to respond to each item independently when making your choice; do not be influenced by your previous choices.

## I-E SCALE

- 1a. Children get into trouble because their parents punish them too much.
- b. The trouble with most children nowadays is that their parents are too easy with them.
- 2a. Many of the unhappy things in people's lives are partly due to bad luck.
- b. People's misfortunes result from the mistakes they make.
- 3a. One of the major reasons why we have wars is because people don't take enough interest in politics.
- b. There will always be wars, no matter how hard people try to prevent them.
- 4a. In the long run people get the respect they deserve in this world.
- b. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.
- 5a. The idea that teachers are unfair to students is nonsense.
- b. Most students don't realize the extent to which their grades are influenced by accidental happenings.
- 6a. Without the right breaks one cannot be an effective leader.

- b. Capable people who fail to become leaders have not taken advantage of their opportunities.
- 7a. No matter how hard you try some people just don't like you.
- b. People who can't get others to like them don't understand how to get along with others.
- 8a. Heredity plays the major role in determining one's personality.
- b. It is one's experiences in life which determine what they're like.
- 9a. I have often found that what is going to happen will happen.
- b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.
- 10a. In the case of the well prepared student there is rarely if ever such a thing as an unfair test.
- b. Many times exam questions tend to be so unrelated to course work that studying is really useless.
- 11a. Becoming a success is a matter of hard work, luck has little or nothing to do with it.
- b. Getting a good job depends mainly on being in the right place at the right time.
- 12a. The average citizen can have an influence in government decisions.

- b. This world is run by the few people in power, and there is not much the little guy can do about it.
- 13a. When I make plans, I am almost certain that I can make them work.
- b. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.
- 14a. There are certain people who are just no good.
- b. There is some good in everybody.
- 15a. In my case getting what I want has little or nothing to do with luck.
- b. Many times we might just as well decide what to do by flipping a coin.
- 16a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.
- b. Getting people to do the right thing depends upon ability, luck has little or nothing to do with it.
- 17a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand, nor control.
- b. By taking an active part in political and social affairs the people can control world events.
- 18a. Most people don't realize the extent to which their lives are controlled by accidental happenings.
- b. There really is no such thing as "luck".
- 19a. One should always be willing to admit mistakes.

- b. It is usually best to cover up one's mistakes.
- 20a. It is hard to know whether or not a person really likes you.
- b. How many friends you have depends upon how nice a person you are.
- 21a. In the long run the bad things that happen to us are balanced by the good ones.
- b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.
- 22a. With enough effort we can wipe out political corruption.
- b. It is difficult for people to have much control over the things politicians do in office.
- 23a. Sometimes I can't understand how teachers arrive at the grades they give.
- b. There is a direct connection between how hard I study and the grades I get.
- 24a. A good leader expects people to decide for themselves what they should do.
- b. A good leader makes it clear to everybody what their jobs are.
- 25a. Many times I feel that I have little influence over the things that happen to me.
- b. It is impossible for me to believe that chance or luck plays an important role in my life.

- 26a. People are lonely because they don't try to be friendly.
- b. There's not much use in trying too hard to please people, if they like you, they like you.
- 27a. There is too much emphasis on athletics in high school.
- b. Team sports are an excellent way to build character.
- 28a. What happens to me is my own doing.
- b. Sometimes I feel that I don't have enough control over the direction my life is taking.
- 29a. Most of the time I can't understand why politicians behave the way they do.
- b. In the long run the people are responsible for bad government on a national as well as on a local level.

## APPENDIX III

### INSTRUCTIONS FOR PARTS II & III

Each one of these two parts (2 & 3) of the booklet consists of a description of a therapy that is currently popular and strongly supported by a number of practitioners and clients. Both types of the therapies described are considered equally effective in producing cures. A careful reading of Part II and then of Part III is required from you. (Part II should be read before Part III.)

Attention should be given to the readings as you will be asked to give some opinions of them after you have read them.

## THERAPY NO. I

The Goal

To trace the significant adult emotional problem, at least in part, to some conflicts in childhood. It is also to help the clients discover difficult earlier experiences and let them deal with them more appropriately.

The Process

There are three basic techniques by which this goal is accomplished.

- The first technique involves spontaneity of expression. The client is encouraged by the therapist to say anything that comes to mind, just as it occurs (thoughts, images, feelings, etc.). In this unrestrained flow of ideas, the person attempts to express all thoughts no matter how trivial, absurd, embarrassing, disrespectful, disconnected, or illogical as they may seem. The client is working hard in an attempt to talk about thoughts and feelings which may be upsetting or difficult. An important step in the process of this treatment is to get things out into the open where they can be understood. Trust must be developed so that clients will feel that they can express their feelings without fear of punishment or rejection.

At times, clients may react to the therapist as though the therapist were a significant person in the past. They



may become angry or disappointed with the therapist. Here we see the second technique where the therapist and the client try to understand these reactions rather than to make them go away. They try to understand how much the client is really responding to something about the therapist, and how much s/he is responding on the basis of experiences in the past (for example, anger or disappointment in earlier relations with a parent, sibling, etc.). In this working through, the clients have the chance to re-experience past conflicts and to bring them to a more satisfactory resolution. The therapist tries to understand what the client is re-experiencing, and to provide an explanation for it, rather than judging or telling the client what he/she should do.

In the third technique, the therapist is more active, and stimulates the client to consider the significance of certain thoughts and actions. The therapist assists the client in self discovery, sometimes by making some comments. The therapist must retain enough distance from the client to be able to provide new explanations for the client's self-defeating or irrational actions. The client must do more than intellectually discover the sources of his/her difficulty, emotional release is also considered essential to the therapeutic process. Afterward, the client may view the prior events in a new light, one that is more reasonable and appropriate to adulthood.

## BEHAVIORAL THERAPY: THERAPY NO. II

Goal

The goal of this therapy is to use experimentally derived laws of learning to replace undesirable behaviors with more adaptive behaviors. These undesirable behaviors can be seen as the results of ineffective, maladaptive learning.

So the focus of this therapy is (1) identifying the undesirable behavior itself and (2) using treatment to substitute new and appropriate responses for maladaptive ones.

Process of Therapy

It's a corrective/learning process. The therapist will first make a plan to solve the problem. He will try to find out under what circumstances maladaptive responses occur and particularly their interaction with current personal relations.

The client is asked to keep a record of the behavior in question and gather information about the situation when it occurs: the frequency, duration, the place, etc. The client is encouraged to shift from self-blame to self-acceptance. In making this analysis, it is extremely important to get specific concrete details about the situations in which the presenting problem arises, to think of a different way for the client to behave, whether he/she is

blocked from using the new behaviors through worrying about the problems.

The therapist then explains to the client by using everyday examples, how undesirable responses can be and are learned. The therapist and the client then form a contract, implicit or explicit, to begin corrective learning experiences. They build a commitment to change, and the program is started, using the knowledge about the problem to attempt to change. The change may be made through a number of specific techniques and the heightened self-awareness created by self-examination. These techniques are based on learning theory. Using researched approaches, the client continues to keep track of the behavior in question.

The change can be measured by seeing the difference between pre- and post-learning.

This evaluation shows if the change is positive or negative. If positive, the therapist would work towards making the new behavior resistant to extinction. If the change is negative, then a revision of the program would be needed - minor modification added or the process starts all over again.

The focus is on the behavior itself - and the therapist has no way of knowing how the problem behavior originated. Origins are not a critical issue in this sort of therapy.

APPENDIX IV

- 1) Which therapy did you prefer? (please circle your choice)

Therapy No. I

Therapy No. II

- 2) Why did you make this choice? (Your reasoning and explanation.)

## APPENDIX V

### INTERNALS WHO CHOSE BEHAVIORAL

#### Themes

The Approach: More logical, increases self-worth and self-awareness. More direct approach. Success is more dependent on the clients. Its goal is more specific. Focuses on present and future and the need to change patterns of behavior.

-Increases self-awareness  
self-worth  
-Direct  
-Involves the client

The Problem: Unwanted behavior is not from the past.

-Not from the past

The Therapist: (not mentioned--at least clearly or explicitly). Helps to identify when and where the problem happened.

-Guide

The Clients: Are involved actively in the change of the behavior. They initiate the change after facing, analyzing

-Active

and understanding the problem. Then, can  
see the results of what they did.

EXTERNALS WHO CHOSE BEHAVIORAL

Themes

- The Approach deals with the problem in a direct and easy way.
- Direct and Easy  
It's a more practical, logical and positive way of reasoning.
  - Past does not affect the present  
The Problem: The behavior is the problem and not its origin. The past does not affect present.
  - The behavior is the problem.
  - Active telling the clients what to do to solve the problem.  
The Therapist: is more active, tells the clients what to do in order to solve the problem.
  - Relearn to control  
The Clients: Feel that they relearn to control the situation or behavior.

## INTERNALS WHO CHOSE PSYCHOANALYSIS

### Themes

- Helps in growth and self-awareness  
The "why" is important
- The Approach: Is positive, reasonable and logical. It's a cause and effect therapy that deals with "why" and "when" the problem started. It helps you grow and have self-awareness.
- Problems stem from the past
- The Problem: The origins of a problem are the critical issues in solving it. The understanding of old problems is very important to the clients. The source of the problem is cleared and then new understanding is built, to help control the present.
- Passive, guiding role
- The Therapist: Gives time to the clients for trust, and openness. The therapist attempts to find the reasons of the problem. Then gives objective interpretations (Passive).



-Active

The Clients: Are more aware of what is going on and act upon solving the conflict in a more appropriate way. They are in control when changing and understanding (Active).

## EXTERNALS WHO CHOSE PSYCHOANALYSIS

### Themes

- Therapist works hard
  - The focus is on the "why"
- The Approach: Very professional, puts more pressure on the therapist than on client. The main focus is on the "why"?
- Problems stem from the past
  - Behavior is a trained process
- The Problem: Is more evaluated in this method. Most problems stem from the past. Serious problems have their roots in childhood. The cause (reason) of the problem is very important. The behavior seems to be a trained process.
- The therapist is working to give explanation to the clients
- The Therapist: Tries to gain the trust of the clients then works with them. The therapist then tries to give an explanation for the problematic behavior by giving critical responses (Active).

-The clients are The Clients: Become more aware of old  
more aware of feelings affecting their life, then know  
what was affect- how to deal with the difficulties  
ing their be- (Passive)  
havior